

Senior Evaluation



Date: Name of Proposed Insured:
DOB: Name of Examiner:

Instruction for Examiner: This Senior Evaluation is required on applicants age 71 and older and should be completed in addition to the usual requirements.

The Senior Evaluation includes:

1. Orientation Questionnaire
2. Part 1 of the delayed word recall: introducing the words
3. Activities of daily living/Senior Questionnaire
4. Clock Draw
5. Part 2 of the delayed word recall: recalling and recording the words
6. Get Up and Go Test

SECTION 1. ORIENTATION QUESTIONNAIRE

- | | | |
|--|------------------------------|-----------------------------|
| 1. What is the date today? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. What day of the week is it? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. What is your telephone number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. How old are you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. When were you born? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. What is your address? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Who is the president of the United States now? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Who was the president just before him? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. What is your mother's maiden name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 2. DELAYED WORD RECALL: PART 1

Instructions to examiner: Read aloud one word on the list while showing the applicant the corresponding flash card. Ask the applicant to give a sentence using that word. After his/her response, proceed to the next word and flashcard until all the words have been used and a sentence for each has been provided.

Examiner Instructions to the applicant:

In this part of the exam, I will read a word while showing a flashcard and ask you to use the word in a sentence. The sentence may be as short or long as you like. Later, I am going to ask you to recall the words. Do you have any questions? Please use the word "BOOK" in a sentence...Please use the word "FLOWER" in a sentence...

BOOK¹
SALT⁶

FLOWER²
FINGER⁷

TRAIN³
APPLE⁸

RUG⁴
CHIMNEY⁹

MEADOW⁵
BUTTON¹⁰

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SECTION 3. ACTIVITIES OF DAILY LIVING/SENIOR QUESTIONNAIRE

A) What is the highest level of education you have completed? (check one)

☐ Advanced college degree

☐ College degree

☐ High School

☐ Did not complete high school

B) Which of these household activities do you perform regularly? (check all that apply)

☐ Cleaning

☐ Lawn mowing

☐ Laundry

☐ Shopping

☐ Meal preparation

☐ Handling finances

☐ Using a computer

C) Do you need help with any of the following? (check all that apply)

☐ Cooking

☐ Cleaning

☐ Laundry

☐ Shopping

☐ Banking

☐ Taking Medications

☐ Making phone calls

D) Have you had any falls in the past 3 years? ☐ Yes ☐ No If yes, how many falls in the **past year**:
Give details and dates in the remarks section below.

E) Do you exercise? ☐ Yes ☐ No
If yes, what type of exercise and how often (x times/day - x-times/week - x-times/month)

F) Do you work outside the house? ☐ Yes ☐ No
If yes, how many hours do you work per week? hours

G) Do you participate in any of the following (check all that apply)?

☐ Hobbies

☐ Volunteer work

☐ Other outside activities

If yes, explain and indicate the number of hours you participate each week

H) Do you travel? ☐ Yes ☐ No
If yes, give details including the average numbers of times each year, date and destination of last trip, and your travel plans for the next 12 months.

I) Do you currently drive a car or other motorized vehicle? ☐ Yes ☐ No

If no, when and why did you stop?

If yes, give the number of miles driven per week and number of accidents and/or tickets in the past 2 years

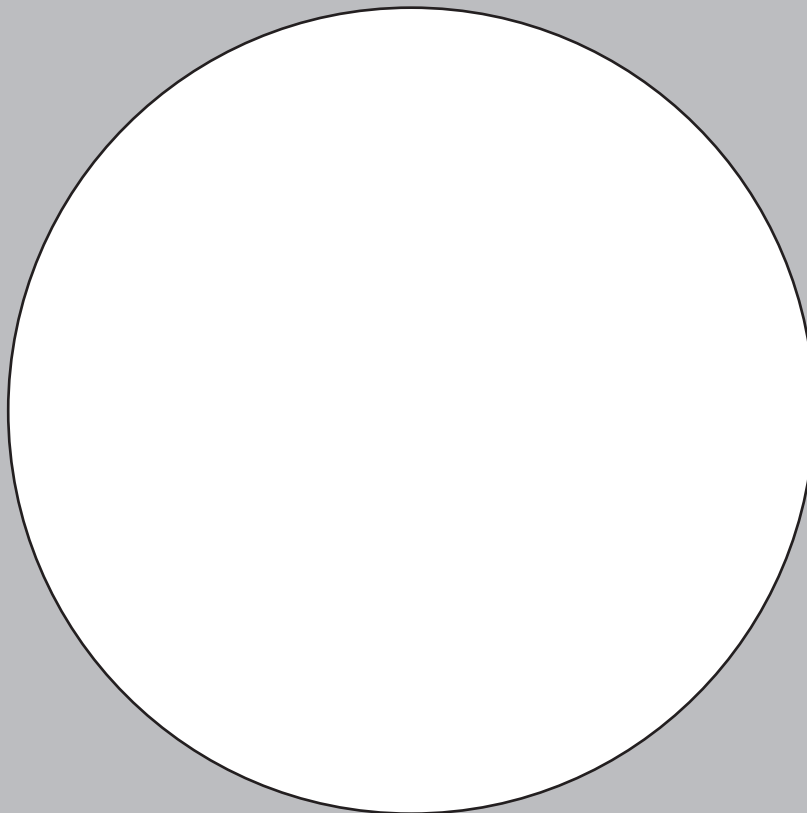
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- J) Do you have a Handicap Parking permit? ☐ Yes ☐ No
- K) Do you own any pets? ☐ Yes ☐ No
If yes, what kind of pets do you own?
- L) Are there other persons living in your household? ☐ Yes ☐ No
If yes, please indicate how many adults and how many children
- M) Where do you live now? (house, apartment, etc.)
- N) What is the purpose of the insurance?
- O) What is the amount and source of your income?
- P) Do you use a cane or walker?
- Q) How is your sight and hearing?

SECTION 4. CLOCK DRAW

Make sure that the applicant understands your instructions, but you do not need to score this test.

Examiner Instructions to the applicant: (Draw Clock Test) The circle represents a clock face. Please put the numbers around the clock in the correct positions, then set the clock at 10 minutes past 11.



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SECTION 5. DELAYED WORD RECALL: PART 2

Instructions to examiner: Do not repeat the list of words or show the flashcards. Record each word that the applicant can recall.

Examiner Instructions to the applicant: A few minutes ago, I read and showed you some words and asked you to make a sentence with each of them. I would like you to recall as many of those words as you can. Take your time.

List the words RECALLED

Of the ten words provided, indicate the number of words correctly recalled after 5 - 10 minutes: words

SECTION 6. GET UP AND GO TEST

TIMED GET UP AND GO TEST

Time the number of seconds it takes for the applicant to rise from a chair, walk 10 feet, return to the chair and sit back down. Timing should begin when the applicant begins standing up from a chair and ends when sitting back down.

seconds

ARISING

- ☐ Able with ease, requires one attempt
- ☐ Unable without help/support, loses balance or requires two or more attempts

TURNING

- ☐ Steady, without aid or hesitation
- ☐ Mild staggering, but catches self, or uses aid (for example, the wall) for support
- ☐ Needs support: specify

- ☐ Stumbles or almost falls

WALKING

- ☐ Walks without aid
- ☐ Mild/moderate deviation/difficulty or uses walking aid
If yes, specify (single- or quad-footed cane or walker) in Observations/Remarks
- ☐ Marked deviation/difficulty

SITTING

- ☐ Able in a smooth motion without hesitation
- ☐ Unable without help or collapses (drops/plops) into chair

Examiner Observations:

Any Noted physical or mental abnormalities?

How was the appearance of the individual?

Any other comments:

Examiner's Signature:

Date

DELAYED WORD RECALL – FLASHCARDS

These flashcards will be used to complete the Part 1 of the Delayed Word Recall Test. Cut out the flashcards prior to the exam.

Book

Flower

Train

Rug

Meadow

Salt

Finger

Apple

Chimney

Button